

United Health Care Services, Inc.
GREENSBORO SERVICE CENTER
PO BOX 30557
SALT LAKE CITY, UT 84130-0557
PHONE: 1-877-842-3210



DATE: 05/08/14

GROUP NUMBER: 0722266

GROUP NAME: AT&T CUSTOMCARE
NETWORK

CHECK NUMBER: QK 92682221

CHECK AMOUNT: \$0.00

REDOAK HOSPITAL
REDOAK HOSPITAL
17400 RED OAK DR
HOUSTON, TX 77090

PROVIDER EXPLANATION OF BENEFITS

PATIENT: [REDACTED]

MEMBER NAME: [REDACTED]
MEMBER ID: [REDACTED]
PRODUCT: CHOYC+
PATIENT ACCOUNT: 2562.001

CONTROL NUMBER: 452676337701
DATE RECEIVED: 04/17/14
PROVIDER OF SERVICE: REDOAK HOSPITAL

DATE(S) OF SERVICE	REV CODE SUB/ ADJ	CPT-HCPCS SUB/ADJ	MOD SUB/ ADJ	UNITS SUB / ADJ	AMOUNT CHARGED	AMOUNT ALLOWED	ADJ AMOUNT	GRP CODE	CLAIM ADJ RSN CODE	APC/OPG GRP CD	APC SI	APC RC	OCE EDIT CD	PAID TO PROVIDER	REMARK/ NOTES
03/18/14	0300 / 0500	80048		1	\$1,119.00		\$27,461.00 -\$26,342.00	PI	45 94					\$0.00	CY
03/18/14	0300 / 0500	85025		1	\$516.00		\$516.00	PI	97					\$0.00	CY
03/18/14	0300 / 0500	85730		1	\$558.00		\$558.00	PI	97					\$0.00	CY
03/18/14	0320 / 0500	75625		2	\$21,342.00		\$21,342.00	PI	97					\$0.00	CY
03/18/14	0450 / 0500	G0269		1	\$3,926.00		\$3,926.00	PI	97					\$0.00	CY
03/18/14	0480 / 0500	93458		1	\$77,444.73	\$14,040.90	\$63,403.83 \$1,404.09	PI PR	45 2					\$12,636.81	
03/18/14	0480 / 0500	93458		1	\$1,086.27	\$2,674.27	-\$1,588.00	PI	94					\$2,674.27	
03/18/14	0636 / 0500	J2001 / 93458		1	\$192.00		\$192.00	PI	97					\$0.00	
03/18/14	0636 / 0500	J2250 / 93458		1	\$586.00		\$586.00	PI	97					\$0.00	
03/18/14	0636 / 0500	J7030 / 93458		2	\$810.00		\$810.00	PI	97					\$0.00	
CONTROL # 452676337701					\$107,580.00	\$16,715.17	\$92,268.92							\$15,311.08	
SUBTOTAL:														\$1,404.09	
CLAIM TOTAL PATIENT RESPONSIBILITY															

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CHECK NUMBER: QK 92682221
CHECK AMOUNT: \$0.00

PROVIDER EXPLANATION OF BENEFITS

MEMBER NAME: [REDACTED]
MEMBER ID: [REDACTED]
PRODUCT: CHOYC+
PATIENT ACCOUNT: 299646B

CONTROL NUMBER: 452703455301
DATE RECEIVED: 04/18/14
PROVIDER OF SERVICE: REDOAK HOSPITAL

DATE(S) OF SERVICE	REV CODE SUB/ADJ	CPT-HCPCS SUB/ADJ	MOD SUB/ADJ	UNITS SUB / ADJ	AMOUNT CHARGED	AMOUNT ALLOWED	ADJ AMOUNT	GRP CODE	CLAIM ADJ RSN CODE	APC/OPG GRP CD	APC SI	APC RC	OCE EDIT CD	PAID TO PROVIDER	REMARK/NOTES
02/05/14	0483 / 0489	93306		1	\$12,644.97	\$3,457.70	\$9,187.27 \$1,728.85	PI PR	45 2					\$1,728.85	
CONTROL # 452703455301 SUBTOTAL:					\$12,644.97	\$3,457.70	\$10,916.12							\$1,728.85	
CLAIM TOTAL PATIENT RESPONSIBILITY											\$1,728.85				

REMARKS:

- (CY) THIS PAYMENT HAS BEEN REDUCED BY THE AMOUNT THAT IS ABOVE THE ELIGIBLE EXPENSE AMOUNT FOR OUT-OF-NETWORK SERVICES UNDER YOUR PLAN IN YOUR AREA. IF YOU ARE BILLED FOR AN AMOUNT ABOVE THE ELIGIBLE AMOUNT, PLEASE CALL VANT DIRECTLY AT 1-800-598-6888.
- (#) PAYMENT OF BENEFITS HAS BEEN MADE IN ACCORDANCE WITH THE TERMS OF THE MANAGED CARE SYSTEM.

* * * * * CLAIM(S) SUBJECT TO AUDIT * * * * *

UNITEDHEALTHCARE IS IMPROVING SERVICE TO YOU BY ADOPTING ELECTRONIC PAYMENTS & STATEMENTS (EPS) AS A STANDARD WAY TO PAY CLAIMS. EPS WILL DRAMATICALLY REDUCE THE TIME AND EFFORT YOUR ORGANIZATION SPENDS ON ADMINISTERING PAPER CHECKS AND EXPLANATION OF BENEFITS. GET A HEAD START AND ENROLL TODAY BY SELECTING THE ELECTRONIC PAYMENTS & STATEMENTS LINK FOUND ON THE HOME PAGE WWW.UNITEDHEALTHCAREONLINE.COM OR CONTACT US AT 1-866-UHC-FAST (1-866-842-3278), OPTION 5. FOR MORE INFORMATION ABOUT OUR FREE OR LOW COST SOLUTIONS FOR SUBMITTING CLAIMS ELECTRONICALLY TO UNITEDHEALTHCARE AND OTHER PAYERS, PLEASE CONTACT US TOLL FREE AT 1-800-842-1109, OPTION 3.

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CHECK NUMBER: QK 92682221

CHECK AMOUNT: \$0.00

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PROVIDER EXPLANATION OF BENEFITS

MEMBER NAME:
[REDACTED]
MEMBER ID:
PRODUCT:
PATIENT ACCOUNT:

CONTROL NUMBER: 452703454801
DATE RECEIVED: 04/18/14
PROVIDER OF SERVICE: REDOAK HOSPITAL

DATE(S) OF SERVICE	REV CODE SUB/ ADJ	CPT-HCPCS SUB/ADJ	MOD SUB/ ADJ	UNITS SUB / ADJ	AMOUNT CHARGED	AMOUNT ALLOWED	ADJ AMOUNT	GRP CODE	CLAIM ADJ RSN CODE	APC/OPG GRP CD	APC SI	APC RC	OCE EDIT CD	PAID TO PROVIDER	REMARK/ NOTES
01/10/14	0269 / 0500	96374		1	\$660.70		\$3,480.18 -\$2,819.48	PI	45 94					\$0.00	CY
01/10/14	0269 / 0500	78808		1	\$512.48		\$512.48	PI	97					\$0.00	CY
01/10/14	0270 / 0500	A9502		1	\$1,782.00		\$1,782.00	PI	97					\$0.00	CY
01/10/14	0636 / 0500	J7050		1	\$525.00		\$525.00	PI	97					\$0.00	CY
01/10/14	0480 / 0489	78452		1	\$9,908.92	\$456.23	\$9,452.69 \$456.23	PI PR	45 1					\$0.00	
01/10/14	0482 / 0489	93015		1	\$3,598.47	\$3,598.47	\$108.77 \$697.94	PR	1 2					\$2,791.76	
01/10/14	0920 / 0489	93922		1	\$4,667.00	\$4,667.00	\$933.40	PR	2					\$3,733.60	
CONTROL # 452703454801					\$21,654.57	\$8,721.70	\$15,129.21							\$6,525.36	
SUBTOTAL:														\$2,196.34	
CLAIM TOTAL PATIENT RESPONSIBILITY															

United Health Care Services, Inc.
P O BOX 740800
ATLANTA, GA 30374-0800
PHONE: 1-877-842-3210



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PROVIDER EXPLANATION OF BENEFITS

OVERPAYMENT REDUCTION DETAILS

MEMBER LAST NAME	PATIENT FIRST NAME	MEMBER ID#	PATIENT ACCT#	POLICY NUMBER	CLAIM/CONTR OL#	DATE(S) OF SERVICE	ORIGINAL OVERPAYMENT AMOUNT	PREVIOUSLY DEDUCTED	OVERPAYMENT DEDUCTED
	XXXXXX9131	259232A	0268272	0423871460101	05/02/13	\$34,718.33	\$32,733.47	-\$1,984.86	
	XXXXXX4719	273592A	0729831	0426412556301	08/28/13	\$28,091.62		-\$5,143.67	
	XXXXXX1471	276211A	04P9289	0428148531501	09/09/13	\$29,036.22		-\$29,036.22	
THIS REPRESENTS PREVIOUS BENEFITS THAT WERE PAID IN ERROR								TOTAL DEDUCTIONS	-\$36,164.75
TOTAL PAID TO THE PROVIDER									\$0.00

REMARKS::

THE AMOUNT PAYABLE FOR THIS EXPLANATION OF BENEFITS HAS BEEN USED TO REDUCE AN OVERPAYMENT MADE ON THE GIVEN CLAIM(S). PLEASE ADJUST YOUR PATIENT ACCOUNT BALANCE ACCORDINGLY.